

## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name:

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ORTHOPAEDIC INSTRUMENT STERILIZATION CASE

the specification of which:

☒ [ X ] is attached hereto.  
☐ [ ] was filed on \_\_\_\_\_ as  
 Application Serial No. \*  
 and was amended on \_\_\_\_\_  
 (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119, of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

## PRIOR FOREIGN APPLICATION(S)

Priority Claimed

<u>(Number)</u>	<u>(Country)</u>	<u>(Month/Day/Year Filed)</u>	<u>[ ]</u> Yes	<u>[ ]</u> No
-----------------	------------------	-------------------------------	-------------------	------------------

I hereby claim the benefit under Title 35, United States Code, §120, of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a), which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

<u>60/418,528</u> (Application Serial No.)	<u>October 15, 2002</u> (Filing Date)	<u>Pending</u> (Status)(patented, pending, abandoned)
<u>60/485,353</u> (Application Serial No.)	<u>July 7, 2003</u> (Filing Date)	<u>Pending</u> (Status)(patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

As the named inventor, I hereby appoint Todd T. Taylor, Reg. No. 36,945; Ronald K. Aust, Reg. No. 36,735; Raymond W. Campbell, Reg. No. 29,902; Max W. Garwood, Reg. No. 47,589; and Stephen D. Horchem, Reg. No. 53,035 of the firm of TAYLOR & AUST, P.C., as attorney(s)/patent agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

## SEND CORRESPONDENCE TO:

## DIRECT TELEPHONE CALLS TO:

Todd T. Taylor  
 TAYLOR & AUST, P.C.  
 142 S. Main St.  
 P.O. Box 560  
 Avilla, IN 46710

Todd T. Taylor  
 Telephone: 260-897-3400  
 FAX: 260-897-9300

Full name of sole or first inventor: Gary T. Dane

Residence: Bow, New Hampshire

Citizenship: US

Post Office Address: 31 South Bow Dunbarton Rd., Bow, New Hampshire 03304

Inventor's Signature:

Date:

**DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (CONTINUED)**

Full name of second joint inventor: Daniel L. Sands

Residence: Warsaw, Indiana

Citizenship: US

Post Office Address: 1199 N. 175 E., Warsaw, IN 46582

Inventor's Signature:

Date:

Full name of third joint inventor: Jason K. Hawkes

Residence: Weare, New Hampshire

Citizenship: US

Post Office Address: 107 Winslow Rd., Weare, New Hampshire 03281

Inventor's Signature:

Date: